

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE													
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 1 24 14		DAY Friday		TIME: MILITARY 1318									
CRASH OCCURRED ON 760 Kingsview (Green Bay Packaging Lot)												WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION												(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)									
_____ MILES _____ FEET												CITY CODE 8321									
LOG-1		LOG-2		LOC		JUR		FH'9		FILT											
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Old Republic Ins. Co.									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Johnson, Samuel												ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3372 Halls Creek Rd. Morrow, OH 45152									
PHONE NO. (513) 967-1266		BIRTH DATE 3 m 23 60 y		AGE 53		SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RU202909		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) Schneider Nat'l Carriers Inc.												ADDRESS 7101 W 17th Ave. Gary, IN 46406									
PHONE 800-558-6767																					
VEH YR 2013		MAKE Freightliner		MODEL Tractor		COLOR		STYLE TR		STATE IN		LICENSE PLATE NO. 2080239		TOWING SERVICE N/A		VEH/PED DIR FROM TO					
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT RIS Ins. Services									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)												ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) Gordon Trucking Inc.												ADDRESS 15628 SE 102nd Ave. Clackamas, OR 97015									
PHONE 800-426-6010																					
VEH YR 2010		MAKE Freightliner		MODEL Tractor		COLOR		STYLE TR		STATE OR		LICENSE PLATE NO. YAGG213		TOWING SERVICE N/A		VEH/PED DIR FROM TO					
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
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